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95 MAR -1 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT
1995

DOCUMENT # M41613 (4)

1. Name of Corporation
AMERICLAIM ADJUSTMENT CORP.

Principal Place of Business
210 UNIVERSITY DR., SUITE 900
CORAL SPRINGS FL 33071

Mailing Address
210 UNIVERSITY DR., SUITE 900
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/13/1986	3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2736146	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent

WEICHOLZ, STEPHEN
210 UNIVERSITY DR., SUITE 900
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ NOTE: Registered Agent signature required when qualifying. DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
2 NAME	LEVINE, LEONARD	1.2 NAME	
3 STREET ADDRESS	210 UNIVERSITY DR	1.3 STREET ADDRESS	
4 CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	
1 TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
2 NAME	WEICHOLZ, SCOTT	2.2 NAME	
3 STREET ADDRESS	210 UNIVERSITY DR	2.3 STREET ADDRESS	
4 CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
1 TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
2 NAME	SOLOMON, ALBERT S.	3.2 NAME	
3 STREET ADDRESS	210 UNIVERSITY DR	3.3 STREET ADDRESS	
4 CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	
1 TITLE		4.1 TITLE	☐ Change ☐ Addition
2 NAME		4.2 NAME	
3 STREET ADDRESS		4.3 STREET ADDRESS	
4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
1 TITLE		5.1 TITLE	☐ Change ☐ Addition
2 NAME		5.2 NAME	
3 STREET ADDRESS		5.3 STREET ADDRESS	
4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
1 TITLE		6.1 TITLE	☐ Change ☐ Addition
2 NAME		6.2 NAME	
3 STREET ADDRESS		6.3 STREET ADDRESS	
4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: _____ ALBERT S. SOLOMON, JR. 3/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED BY LAW TO SIGN ON BEHALF OF CORPORATION — Date — Capacity/Title

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